	, ,					
	CC FINANCING STATEMENT AMENDME	ENT				
	NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294	4]			
L	. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com . SEND ACKNOWLEDGMENT TO: (Name and Address)	40. ^{CO///}				
	1214 42158 Corporation Service Company					
	Corporation Service Company 1-800-858-5294 E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com SEND ACKNOWLEDGMENT TO: (Name and Address) 1214 42158 Corporation Service Company 801 Adlai Stevenson Drive Springfield, JL 62703 Filed In:	: Rhode Island (S.O.S.)				
	L	(0.0. <u>0.</u>)	THE ABOVE SPA			
	01210869270 02/15/2012		(or recorded) in the REAL Filer: attach Amendment Ad	L ESTATE RECORD	S	•
2.	TERMINATION: Effectiveness of the Financing Statement identified a Statement	above is terminated	with respect to the security intere	st(s) of Secured Pa	rty authorizing this	Termination
3.	ASSIGNMENT (full or partial): Provide name of Assignee in item 7a For partial assignment, complete items 7 and 9 and also indicate affects	or 7b, <u>and</u> address o ed collateral in item	of Assignee in Item 7c <u>and</u> name of 8	of Assignor in item §)	VI
4.	CONTINUATION: Effectiveness of the Financing Statement identifie continued for the additional period provided by applicable law	d above with respec	t to the security interest(s) of Sec	cured Party authoriz	ing this Continuate	on Statement is
5.		one of these three b	oxes to:			
	This Change affects Debtor or Secured Party of record ite	HANGE name and/or a em 6a or 6b; <u>and</u> item	7a or 7b <u>and</u> item 7c7a or 7b,	ne: Complete item , <u>and</u> item 7c	DELETE name: to be deleted in i	Give record name tern 6a or 6b
6.	CURRENT RECORD INFORMATION: Complete for Party Information C 6a. ORGANIZATION'S NAMEMURLAP, LLC	change - provide only	one name (6a or 6b)			
OF	6b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL'S) SUFFIX					
					_(-,(-,	
7.	CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Info 7a. ORGANIZATION'S NAME	rmation Change - provide	only <u>one</u> name (7a or 7b) (use exact, full na	ame; do not omit, modify,	or abbreviate any part o	f the Debtor's name)
OF	75. INDIVIDUAL'S SURNAME					
	INDIVIDUAL'S FIRST PERSONAL NAME					
	ANDIALDONE STANSI PERSONAL NAME					
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c.	MAILING ADDRESS	CITY		STATE POSTA	CODE	COUNTRY
8.		ADD collateral	DELETE collateral F	RESTATE covered co	ollateral A	SSIGN collateral
	Indicate collateral:					
	NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS f this is an Amendment authorized by a DEBTOR, check here and provi	de name of authorizir	ng Debtor	name of Assignor, if t	his is an Assignme	nt)
	9a ORGANIZATION'S NAMECItizens Bank, N.A. formerly k	nown as RB	S Citizens, N.A.			
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONAL NAM	E(S)/INITIAL(S)	SUFFIX
10.	OPTIONAL FILER REFERENCE DATA: Debtor: MURLAP, LL	.c		L		1214 42158